

# GLASS STREET MEDICAL CLINIC

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## IRON FUSION CONSENT FORM

I have discussed my present condition and the following method of management of iron deficiency with the Doctor.

The doctor and I have agreed on the following method of management of Iron deficiency.

The Doctor has discussed with me the following:

1. The nature and purpose of iron infusion.
2. Generally, when side effects do occur, they are mild and settle down on their own.
3. Additional methods of management that may be necessary if complications happen. The complications that may occur: nausea, headache, dizziness, high blood pressure, palpitations, flushing and allergy (including anaphylaxis).
4. Skin staining (brown discolouration) may occur due to leakage of iron into the tissues around the needle (drip) site. This is not common but the stain can be long lasting or permanent.
5. The associated out of pocket expenses.

As a result of these discussions:

1. I understand the nature and purpose of iron infusion.
2. I understand that undergoing iron infusion carries risk.
3. I have had the opportunity to ask questions and have been satisfied with the explanations and answers.
4. I have discussed alternatives to this method of treatment and have chosen to proceed with iron infusion.

The risks, complications, nature and effects of this management and the potential for any additional costs have been explained to me, and I understand these.

I also consent to the administration of local anaesthetic and other products necessary in the administration of this management/iron infusion.

Patient or Guardian Signature:

Doctor Signature:

Nurse Signature:



**Accredited  
General Practice**